

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 485005 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	2			1		
4	8			2		
5	8			3		
6	8			3		
7	8			3		
8	8			1		
9	8			1		
10	8			1		
11	8			1		
12	8			1		
13	8			1		
14	8			1		
15	8			1		
16	8			1		
17	8			3		
18	8			1		
19	8			1		
20	8			1		
21	8			1		
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49						
50						
TOTAL IND.	/		/			
TOTAL DEP.	25	↓	33	↓		↓
TOTAL CLAIMS	26	34				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL DEP.								
TOTAL CLAIMS								